

04-31-01

PATENT
7a

KEY DOCKET NO.: P-8922.02 CIP

Mail ELO84631595US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
UTILITY PATENT APPLICATION TRANSMITTAL

Total Pages 7a

NAMED INVENTOR OR APPLICATION IDENTIFIER: David E. Francischelli et al.

Vibration Sensitive Ablation Apparatus And Method

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Box Patent Application, Assistant Commissioner of Patents, Washington, D C. 20231, "EXPRESS No. ELO 84631595US, on this 26 day of April, 2001.

Printed Name: Stephen W Bauer
Signature: Stephen W Bauer

Assistant Commissioner for Patents
BOX PATENT APPLICATION
Washington, D.C. 20231

U.S. PTO
09/844220
04/26/01

Sir:

We are transmitting herewith the attached:

- X Patent Application Transmittal
X Specification:
Total pages: 51 (including claims and abstract: Spec. 41 sheets; Claims 9 sheets; Abstract - 1
X Drawings:

Total sheets: 11
☐ formal ☒ informal

☒ Combined Declaration and Power of Attorney:

- ☒ newly executed
☐ copy from prior application
☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))

☐ Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

X Accompanying application parts:

- ☐ Notification of filing a
☒ Assignment of the Invention to Medtronic, Inc.
☒ Assignment cover sheet
☐ Information Disclosure Statement
☐ PTO Form 1449
☐ Copies of IDS citations
☐ Preliminary Amendment
☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.
X Return Postcard

IF A CONTINUING APPLICATION:

- ☒ Continuation ☐ Divisional ☒ Continuation-in-part (CIP)
of prior application No. 09 / 560,507 .
☐ Amend the specification by inserting before the first line the sentence: This application is a ☐ continuation
☐ division ☐ continuation in part of application number _____, filed _____.
☐ Cancel in this application original claims _____ of the prior application before calculating the filing fee.
(At least the original independent claim must be retained for filing purposes.)
☒ The prior application is assigned of record to Medtronic, Inc.
☐ The Power of Attorney in the prior application is to: _____

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) _____, filed _____.

X Address all future correspondence to: Stephen W. Bauer, Reg. No. 32,192
Medtronic, Inc.
710 Medtronic Parkway
Minneapolis, Minnesota 55432
phone: (763)391-9661

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	55	20	= 35	x 18	630
Independent Claims	7	3	= 4	x 80	320
Multiple Dependent Claims				+ 270	
Basic Filing Fee					710
TOTAL					\$1,660

X Charge Deposit Account No. 13-2546 the sum of \$1,660.00 (Filing Fee) and \$40.00 for Assignment recordation fee for a total of \$1,700.00.

X The Commissioner is hereby authorized to charge any fees that may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Date

4-26-2001



Stephen W. Bauer, Reg. No.32,192
MEDTRONIC, INC.
710 Medtronic Parkway
Minneapolis, Minnesota 55432
Telephone: (763) 391-9661